



School District of Amery

EMPLOYEE BENEFITS GUIDE

2024-2025

Effective July 1, 2024

Welcome to your School District of Amery 2024-2025 Benefits

Your needs, and those of your family, are unique to you. That's why the School District of Amery provides a comprehensive and flexible benefits program that you can customize to fit your personal situation. Our program offers you and your family important healthcare coverage and financial security.

Some of the benefits we offer are paid for in full by the School District of Amery. For others, it is a shared contribution between you and the District. Other benefits are also available to you at reasonable group rates.

Your benefits are an important part of your total compensation at the School District of Amery. Please take the time to review and evaluate all the options available to you and your family.

Benefits paid by the District

- Long-Term Disability
- Employee Assistance Program

Benefits with shared contributions

- Medical
- Health Savings Account (HSA)
- Dental
- Basic Life / AD&D

Benefits paid by employee

- Vision
- Voluntary Life / AD&D
- Short-Term Disability
- Flexible Spending Accounts (FSA)
 - General Purpose Healthcare
 - Limited Purpose Healthcare
 - Dependent Care
- Supplemental Benefits
 - Accident
 - Critical Illness
 - Hospital Indemnity



This guide is not intended to be a complete description of the insurance coverage offered, nor is it a binding contract. Controlling provisions are provided in each benefit plan policy. Should there be a difference between this guide and the official plan documents, the official plan documents will govern.

Eligibility and Enrollment

Enrollment Opportunity

The School District of Amery Benefit Open Enrollment is May 9-17, 2024. This is your once-a-year opportunity to review your benefit plan elections and make adjustments that meet the needs of you and your family. ***Changes to benefits made during Open Enrollment will go into effect July 1, 2024.***

How to Enroll

You will be using the Ease benefit enrollment platform to complete your open enrollment. You must actively enroll or waive each benefit. To complete your enrollment, access the Ease enrollment portal via the email you received. Please be sure to complete your benefit enrollment using a computer (not a mobile device).



Eligibility and Enrollment (continued)

Who is Eligible?

You are eligible for School District of Amery benefits if you are an active full-time employee working 30 or more hours per week.

Your dependents are eligible if they are:

- Your legal spouse
- Your child(ren)* up to age 26
- Your disabled child(ren) up to any age (if disabled prior to age 19)*

* Includes natural, step, legally adopted/or a child placed for adoption, or a child under your legal guardianship

When Can You Enroll in Benefits?

You can enroll in benefits:

- Within 31 days of first becoming eligible for benefits
- During the annual Open Enrollment period
- During the plan year, if you experience a Qualifying Life Event

When Does Coverage Begin?

Benefits for new hires, unless explained otherwise, will become effective on the first day of employment.

Termination of Coverage

If you or a covered dependent no longer meet these eligibility requirements or if your employment ceases, your coverage termination date will vary by plan, please refer to your plan documents for more detailed information.

You are responsible for informing Human Resources, within 31 days, if any of your dependents become ineligible for benefits.

Please Note:

Federal regulations require School District of Amery to obtain the following information during enrollment:

- Social Security numbers for your dependents covered by the medical plan
- Dates of birth and your relationship to your dependents

Making Benefit Changes During the Year

The benefit elections you make during your initial enrollment period will be in effect through June 30, 2025.

If you have a “qualifying life event,” you may make changes to certain benefits if you apply for the change and provide supporting documentation to the District Office within **31** days of the event. Proof of life events is subject to approval by School District of Amery. Changes are effective prospectively to the first of the month following timely notification of the event.

Qualifying life events include:

- Your marriage
- Your divorce or legal separation
- Birth, adoption or placement for adoption of an eligible child **retroactive enrollment to the date of the event will occur for this event**
- Death of your spouse or covered child
- Change in work status that affects benefits eligibility (for example, starting a new job, leaving a job, changing from part-time to full-time, starting or returning from an unpaid leave of absence, etc.) for you or your spouse.
- Your spouse’s Open Enrollment
- A change in your child’s eligibility for benefits
- Gain or loss of Medicare or Medicaid during the year
- Relocation

Other qualifying events may also apply. Please contact the District Office.



How a Health Plan Works

A Note About Health Care Reform

If you choose to purchase individual coverage through the Marketplace, you should know that because The School District of Amery medical insurance meets specific ACA requirements, you may not be eligible to receive a federal subsidy.

Additional information is available at www.healthcare.gov.

Copays

A copay is a fixed amount you pay for a health care service and does not count toward your deductible but does count toward your annual out-of-pocket maximum.

Coinsurance

Once you've met your deductible, you and the plan share the cost of care, called coinsurance. For example, you pay 20% for services and the plan will pay 80% of the cost until you have reached your out-of-pocket maximum.

Deductible Amount

The amount you pay each year for eligible in-network and out-of-network charges before the plan begins to pay.

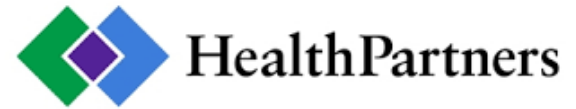
Evidence of Insurability (EOI)

EOI is an application process through which you provide information on the condition of your health or your dependent's health in order to be considered for certain types of insurance coverage. EOI may be required for life and/or disability insurance elections.

Out of Pocket Maximums

The most you will pay each year for eligible network services including prescriptions. After you reach your out-of-pocket maximum, the plan picks up the full cost of covered medical care for the remainder of the plan year.

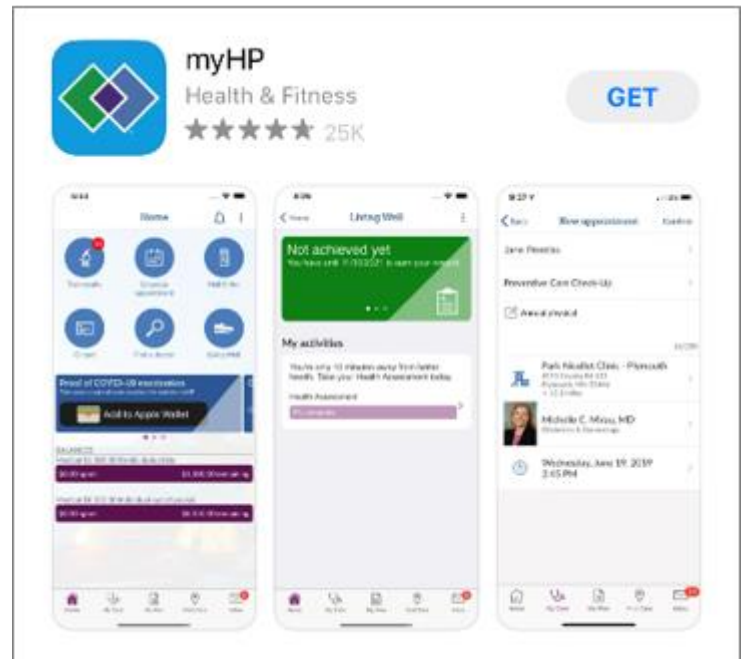
Medical Insurance



The School District of Amery offers medical coverage through HealthPartners with the following features:

- Option to receive care from in-network or out-of-network providers; higher benefits are paid when using in-network Open Access providers
- Preventive care is covered at 100% when using an in-network provider
- Includes prescription drug coverage
- Deductibles and out-of-pocket maximums accumulate on a plan year which runs July 1 – June 30
- If you enroll in the health plan, you will need to open a Health Savings Account (HSA) so you and the District are able to make contributions, which will help cover some of your medical plan costs (refer to HSA section for more information).
- Always refer to your carrier specific plan documents for benefit levels and limitations

Download the MyHP app!



Finding In-Network Providers

To search for in-network medical providers, log on to www.healthpartners.com or call customer service at 952-883-2177

- Scroll down and select Discover our Insurance and Network
- In the top white ribbon select the Insurance Drop Down
- Choose I want to find care in my plan network
- Choose I get insurance through work
- Choose Open Access Network

Access to Your Healthcare

After you are enrolled in the School District of Amery medical plan, log on to www.healthpartners.com and register to access self-service tools and resources to help manage your medical benefits.

Medical Insurance



HealthPartners	Preferred Benefit** \$3,200/\$6,400-0% Qualified High-Deductible Health Plan	Non-Preferred Benefit \$3,700/\$7,400-0% Qualified High-Deductible Health Plan
District HSA Contribution	\$1,200 Single \$2,400 Family	\$1,200 Single \$2,400 Family
<u>In-Network Only</u>	You Pay	You Pay
Deductible and Out-of-Pocket Max	\$3,200 Per Person \$6,400 Per Family	\$3,700 Per Person \$7,400 Per Family
Coinsurance	0%	0%
Preventive Care	No Charge	No Charge
Non-Preventive Care	Deductible, then 0%	Deductible, then 0%
Virtuwell <i>See page 22 for more details</i>	No cost!	No cost!
Teladoc and Doctor on Demand <i>See page 22 for more details</i>	Deductible, then 0%	Deductible, then 0%

It is important for you to know that if you use an Out-of-Network provider, your coverage may be different.

Limitations and maximums may apply. Please refer to the plan summaries and Summary of Benefits and Coverage for more information.

** Preferred Benefit is achieved by completing a Health assessment form with Health Partners and 2 activities by March 31, 2025 (see page 11 for details). If completed, the District awards members with a lower deductible (\$500 single/\$1000 family).

Medical Insurance Monthly Premium

Tier	Full Premium	Tier 1* All Certified Staff plus Support Staff assigned to work 30+ hours per week and 11 months or more per year*		Tier 2* Support Staff assigned to work 30+ hours per week and less than 11 months per year*	
		District Contribution (88%)	Employee Contribution (12%)	District Contribution (83%)	Employee Contribution (17%)
Single	\$971.03	\$854.51	\$116.52	\$805.95	\$165.08
Family	\$2,133.25	\$1,877.26	\$255.99	\$1,770.60	\$362.65

* As stated in your contract or letter of appointment

Prescription Drugs



When you enroll in a medical plan, you receive comprehensive prescription drug coverage through HealthPartners.

Some medications may be subject to prior authorization, quantity limits or step therapy requirements to be approved for coverage. For a list of approved drugs, log on to www.healthpartners.com/pharmacy.

HealthPartners	<u>Preferred Benefit</u> \$3,200/\$6,400-0% QHDHP with HSA	<u>Non-Preferred Benefit</u> \$3,700/\$7,400-0% QHDHP with HSA
Retail (up to 30-day supply)	You Pay	You Pay
Prescription Drugs	Deductible, then 0%	Deductible, then 0%
Preventive Drugs	Generic: \$12 Brand: \$45	Generic: \$12 Brand: \$45
Home Delivery (up to 90-day supply)	You Pay	You Pay
Prescription Drugs	Deductible, then 0%	Deductible, then 0%
Preventive Drugs	Generic: \$24 Brand: \$90	Generic: \$24 Brand: \$90
Specialty <i>(must fill at Accredo and Accordant Care pharmacy)</i>	Deductible, then 0%	Deductible, then 0%
Creditable Coverage Status <i>(important as you near Medicare)</i>	Creditable	Creditable

The deductible will not apply to certain medications classified as preventive in accordance with the approved prescription drug list.

Three Ways to Obtain Prescription Drugs

www.healthpartners.com/pharmacy

① Retail Pharmacy (up to 30-day supply)

- ✓ Locate a participating retail pharmacy
- ✓ View a list of approved drugs

② WellDyne (up to 90-day supply)

800-591-0011

- ✓ Use for maintenance drugs such as medication for high blood pressure, arthritis or diabetes
- ✓ Pay less than retail pharmacy for a 90-day supply
- ✓ No additional cost for delivery

③ Accredo and Accordant Care Pharmacy (30-day supply)

800-883-2177

- ✓ Medications used to treat complex conditions like multiple sclerosis, hepatitis C and rheumatoid arthritis
- ✓ Prescription can only be filled once every 30 days

Health Savings Account (HSA)



Use it or save it!

Only available for those enrolled in the QHDHP plan.

A Health Savings Account (HSA) is a tax-advantaged savings vehicle available to individuals covered by a Qualified High-Deductible Health Plan (QHDHP) and open an HSA within 30 days. Funds in the account are used to pay for qualified medical, dental and vision expenses.

An HSA is a great way to save for the future. You can set aside money from each paycheck now and save funds to cover healthcare expenses that come up later. Plus, your contributions are free from federal income tax, so you're stretching your healthcare dollars while lowering your taxable take-home pay amount.

The School District of Amery will also make contributions to your HSA if you enroll in the District's qualified plan. This is "free money" for you to use to pay for eligible healthcare expenses.

HSA funds can only be used for yourself, your spouse and your tax dependents. Expenses for dependents who do not qualify as tax dependents are not reimbursable under the HSA.



Advantages of an HSA

- Balance rolls over each year and accrues interest, so you won't lose your contributions
- Triple tax savings – you do not pay federal tax* on:
 - Contributions to the account
 - Spending on qualified expenses
 - Interest that accrues
- Account is portable, so the funds are yours even if you change medical plans next year or leave School District of Amery in the future
- Use the funds for eligible medical, dental or vision expenses, including coinsurance costs, prescriptions, glasses, orthodontia and more—now or in the future
- Money left in the savings account earns tax-free interest*

**Tax treatment of HSAs for state tax purposes may vary by state.*

ALERT

Under current IRS regulations, if you are engaged in a health clinic where you personally pay a membership or access fee to utilize the clinic, this disqualifies you from making and receiving HSA contributions.

Health Savings Account (HSA)



Use it or save it!

Only available for those enrolled in the QHDHP plan.

Funding and Enrolling in an HSA

You have the option to contribute to your HSA through pre-tax payroll contributions if you enroll in an HSA through WESTconsin Credit Union.* You can change the amount you contribute to your HSA at any time during the plan year. It is important to note that expenses are not eligible for reimbursement until your HSA has been established.

** You also can choose to open an HSA through another financial institution; however, you would have to make after-tax contributions, they would not be automatically deducted from your paycheck, and you would need to claim those contributions as a tax deduction when you file your taxes.*

How to open an HSA Account

- ✓ Enroll in a QHDHP effective July 1, 2024
- ✓ Schedule a 1-hour appointment with WESTconsin Credit Union to set up your Health Savings Account (HSA).
- ✓ Complete a Health Savings Account (HSA) Payroll Deduction Authorization Form available in your enrollment materials

Who Can Open an HSA?

You can contribute to an HSA if you:

- Are covered under an HSA-qualified high-deductible health plan (QHDHP).
- Are not enrolled in any other health insurance plan (such as your spouse's plan) that is not an HSA qualified plan.
- Are not enrolled in Medicare*, TRICARE or TRICARE for Life.
- Cannot be claimed as a dependent on someone else's tax return.
- Have not received Veterans Affairs (VA) benefits within the past 3 months.
- You (or your spouse) do not contribute to a Healthcare FSA.

** Enrollment in Medicare Part A may be retroactive by up to 6 months when you begin taking social security retirement after your Social Security Normal Retirement Age (SSNRA). This may affect your HSA eligibility.*

Other restrictions and exceptions may also apply. For more information, visit www.irs.gov/publications/p969.

2024/2025 HSA Contributions and Limits

Each year, you can contribute up to the IRS annual limit for HSAs (which includes the School District of Amery's contribution)

2024 IRS Annual Contribution Limits*	Single \$4,150	Family \$8,300	Age 55+ Additional \$1,000
District HSA Annual	Single \$1,200	Family \$2,400	

** The District contribution counts toward the HSA calendar year IRS contribution limits. Money used for non-qualified healthcare expenses is subject to income tax, as well as an additional 20% penalty tax if you are younger than 65. School District contributions are only distributed to active employees.*

Flexible Spending Accounts (FSA)

Flexible Spending Accounts (FSA) allow you to set aside pre-tax money and draw from it throughout the year to pay for qualified expenses. Two types of FSAs are available:

- Healthcare
- Dependent Care

Money cannot be transferred between the accounts (i.e., you cannot use money from your Healthcare FSA to pay for dependent care expenses and vice versa).

Healthcare FSA

This FSA allows you to submit eligible **medical, dental, and vision** expenses for reimbursement. You can deposit up to \$3,200 to the Healthcare FSA for the 2024-2025 calendar year.

Healthcare FSA Roll Over

Any money deposited in your FSA account will not roll over into the next year. Participants have 90 days past the current plan year to submit expenses that have incurred in the prior plan year.

Dependent Care FSA

Dependent Care FSAs are used to pay for the costs of dependent care that enable you to work. This care may be for a child under age 13 and for older dependents, including children, spouses and parents who are physically or mentally unable to care for themselves and who live with you for more than half the year. Eligible expenses include daycare, before-school and after-school care, babysitters and elder daycare. For the 2024-2025 calendar year, you can deposit up to \$5,000 to a Dependent Care FSA (\$2,500 if you are married and filing separately).



How the FSA Works

As a new hire (and again during Open Enrollment), you select the amount of money, if any, that you wish to deposit into the Healthcare and/or the Dependent Care Account for the entire plan year. The plan year for the FSA benefit is **July 1 to June 30**. The total amount is then equally divided by the number of pay periods remaining in that year and that amount is deducted from each paycheck. The money is set aside in your FSA account(s).

As you incur eligible expenses, you file a simple claim form (along with copies of your receipts) and are reimbursed for such expenses from the account. More information on how the FSA works will be provided by MidAmerica.

Health and Well-being Program

Our district's strength and success depends on you, so your health is important to us. The everyday choices we make can help us live healthier, happier and more fulfilling lives – both at work and at home. That's why we offer you an opportunity to participate in the Health and Well-being Program.

Available to all employees covered on the health plan, the Health and Well-being Program focuses on health awareness and provides you with tools and resources to learn more about healthy living.

Wellness Activity ideas:

- **Physical Activity**
 - Wellbeats (online fitness program), 10,000 Steps
- **Weight Loss and Nutrition**
 - Health Coaching, Choose to Lose, Healthy Thinking, Go for Fruits & Veggies
- **Condition Support (assistance for medical conditions)**
 - Omada, Healthy Pregnancy, Disease Case Management **Mental Wellbeing**
 - Sleep, Stress Tracking, MyStrength (Personalized Emotional & Mental Health)
- **Annual Physical Exam (4/1/2024-3/31/2025)**
 - Please contact District office for forms that will be required by physician. When completed return to Twila Sikkink.
- **Omada** – (must complete 9 of 16 lessons, see page 12 for more information)

Participation in the program is voluntary and includes the completion of wellness activities.

All aspects of the program are completely confidential and will be administered by HealthPartners.

Employees who complete their activities within the wellness plan year may be eligible to earn and receive a benefit differential for the following year.

Wellness Incentive

Employees are eligible to earn a preferred benefit which is reduction of your health insurance deductible of \$500 single/ \$1,000 family for the 2025-2026 plan year.

The incentive is based on participation in the activities, not on the outcome.

Health & Wellbeing Action Steps

*Applies to all **employees** covered on the medical plan*

1. Register at www.healthpartners.com/wellbeing
2. **Complete Health Assessment**
3. **Complete TWO wellness activities by March 31, 2025**
4. Earn your preferred deductible differential for 2025-2026 plan year

Rewards for participating in School District of Amery wellness program is available to all employees covered under a School District of Amery medical plan. If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact Twila Sikkink at 715-268-9771 x278 and we will work with you (and, if you wish, with your doctor) to find a wellness program with the same reward that is right for you considering your health status.

Omada



Omada is a FREE online behavioral counseling program designed to help at-risk individuals combat obesity-related chronic disease. Participants in the Omada program learn how to make modest health changes that can lead to weight loss and reduced risk for type 2 diabetes, hypertension and heart disease.

How does It Work

Omada starts with a core 16-week Foundations phase, organized into four areas:

1. Changing Food Habits
2. Increasing Activity Levels
3. Preparing for Challenges
4. Reinforcing Healthy Choices



Participants then enter the Focus phase for the remainder of the first year to continue building healthy habits.

Who is Eligible

Employees and their adult family members who are enrolled in a group Health Insurance plan and are at risk for or have been diagnosed with Hypertension or Type 2 Diabetes.

How to Enroll

Take a 1-minute health screener to see if you're eligible from your HealthPartners portal.

If you meet the clinical enrollment criteria to enroll in the program, you can then complete an application and you will receive an email letting you know if you qualify to participate.

Participants receive:

-  Interactive program
-  Wireless smart scale
-  Weekly online lessons
-  Professional health coach
-  Small group of participants



Dental Insurance



The School District of Amery offers a dental plan through HealthPartners. Your choice of dentists can determine the cost savings you receive. In-Network providers are paid directly by HealthPartners and agree to accept negotiated fees as "payment in full" for services rendered.

When you use out-of-network providers, HealthPartners will apply the applicable percentage of the allowed amount and you are responsible for paying the remaining balance of the bill. In-Network coverage is provided when you use HealthPartners providers. To search for providers, go to www.healthpartners.com and click on Services, click on Clinics and Hospitals, click on Our Doctors, and clinic on Dentists.

HealthPartners	Open Access Choice Plan	
	In-Network	Out-of-Network
Plan Year Deductible * <i>(applies to Basic and Major Services)</i>	None	
Benefit	Plan Pays	Plan Pays
Plan Year Maximum *	Up to \$1,000-ages 13 and older None-under age 13**	
Preventive Services	100%	100%
Basic Services	80%-ages 13 and older 100%-under age 13**	80%
Major Services	50%-ages 13 and older 100%-under age 13**	50%
Orthodontia (to age 19)	50%	50%
Orthodontia Lifetime Maximum <i>(per person)</i>	\$2,000	\$2,000

Important Information!

****Little Partners Benefit:** Services for children 12 years and under will be covered at 100% without deductible, annual maximum, or frequency limitations, when provided by a HealthPartners network dentist.

Diabetes and Pregnancy: Additional periodontal services (exams, cleaning, scaling and root planning, and debridement) for our members who are diabetic and/or pregnant are covered at 100% in-network.

Dental Insurance Monthly Premiums

Tier	Full Premium	Tier1*		Tier2*	
		District Contribution (88%)	Employee Contribution (12%)	District Contribution (82%)	Employee Contribution (18%)
Single	\$57.90	\$50.95	\$6.95	\$47.48	\$10.42
Family	\$163.90	\$144.23	\$19.67	\$134.40	\$29.50

* As stated in your contract or letter of appointment

Vision



Routine eye exams are important for maintaining good vision and can also provide early warning of other health conditions. The Mutual of Omaha vision plan provides coverage for exams, glasses and contact lenses, as shown below.

In-network coverage is provided when you use **EyeMed Insight** providers. To search for providers, log on to www.mutualofomaha.com and select Employer-based Plans, Vision Insurance and Locate a Vision Provider, enter your zip code and do an advanced search.

If purchasing Vision coverage is something you're considering, please know that it's critically important that you use a network provider. Going out of network with Vision is essentially equivalent to having no coverage.



Mutual of Omaha	Frequency	In-Network
Eye Exam	Once every 12 months	\$10 copay
Prescription Glasses		
Frame	Once every 24 months	\$150 allowance then 20% off balance
Lenses (Single vision, lined bifocal, lined trifocal)	Once every 12 months	\$10 Copay
Progressive Lenses (Standard)	Once every 12 months	\$65 copay
Contacts—instead of glasses	Once every 12 months	Conventional: \$150 allowance then 15% off balance OR Disposable: \$150 allowance

Laser Vision Correction: LASIK or PRK from U.S. Laser Network- 15 % off retail price or 5% off promotional price.

Additional Pair of Glasses or Contacts: 40% discount off of complete pair of eyeglasses and 15% off conventional contact lenses once the funded benefit has been used.

Tiers	Monthly Premium
Employee	\$7.80
Family	\$19.42

Disability Insurance

NIS administers our Disability insurance benefit plans. Disability insurance protects your ability to earn a paycheck if you are out of work due to a covered sickness or injury.

Short-Term Disability

Short-Term Disability (STD) benefits become payable when you are unable to work due to an injury or illness unrelated to work. If you remain disabled and meet the plan's disability requirements, you will continue to receive a percentage of your earnings until the benefit duration has ended. STD benefits integrate with state mandated disability plans. This benefit is voluntary and payable by employee.

Short-Term Disability	
Benefit Begins	1 st day of accident or 4 th day of illness
Benefit Amount	66 2/3% of your annual salary divided by 52.
Benefit Duration	Up to 13 weeks
Pre-Existing Condition	Excludes coverage for 12 months on any diagnoses received 12 month prior to effective date

Long-Term Disability

Long-Term Disability (LTD) benefits are provided as income protection in the event you become disabled for an extended period. Proof of disability is required. The District pays this premium for eligible employees.

Long-Term Disability	
Benefit Begins	After 90 days of qualified disability
Benefit Amount	90% of your annual salary divided by 12.
Benefit Duration	Social Security Normal Retirement Age (SSNRA)

Your monthly STD premium is calculated by the weekly benefit amount. This benefit cannot exceed 66 2/3% of your weekly salary. Use the chart below to find your weekly benefit based on 66 2/3% of your weekly salary

IF YOUR ANNUAL SALARY IS ABOVE THIS AMOUNT	YOU CAN APPLY FOR UP TO THIS WEEKLY BENEFIT	EMPLOYEE PAID MONTHLY PREMIUM
\$9,282	\$119.00	\$6.55
\$11,465	\$147.00	\$10.31
\$13,649	\$175.00	\$12.02
\$17,471	\$224.00	\$15.46
\$21,292	\$273.00	\$18.92
\$23,476	\$301.00	\$20.63
\$27,844	\$357.00	\$24.64
\$32,758	\$420.00	\$28.67
\$36,034	\$462.00	\$31.54
\$39,310	\$504.00 (Guaranteed Benefit Amount)	\$34.40
\$45,238	\$580.00	\$39.38
\$52,024	\$667.00	\$45.29
\$59,824	\$767.00	\$52.08

Life Insurance



Contributory Basic Life/AD&D

The School District of Amery provides Basic Life insurance coverage of 1x your annual earnings with a \$200,000 maximum. This coverage includes an Accidental Death and Dismemberment (AD&D) provision which includes 1x your annual earnings with a \$200,000 maximum in the event of accidental death and certain other conditions. Basic Life and AD&D insurance is administered by Mutual of Omaha and the cost is shared by you and the School District of Amery.

Basic Life Monthly Rate Per \$1,000	1x Annual Salary
District (40%)	\$0.06
Employee (60%)	\$0.09

Voluntary Life/AD&D

As a new hire, you can purchase Voluntary Life/AD&D insurance for you, your legal spouse and dependent children **without providing medical information up to certain guarantee issue (GI) amounts** (see chart). If you leave the School District of Amery, this coverage can be taken with you.

Employee and spouse amounts applied for over the GI as a new hire will require you to provide Evidence of Insurability (EOI) for review and approval by Mutual of Omaha.

If you waived voluntary life when you were initially eligible, you will be required to complete a medical review (often referred to as evidence of insurability or EOI) before coverage will be approved.

Voluntary Life Amounts Available	
Employee	Increments of \$10,000 to lesser of 5x times your salary, up to \$500,000 Guarantee Issue*: 5x annual salary up to \$150,000
Spouse <i>Employee must be enrolled</i>	Increments of \$5,000 to 100% of employee amount of insurance to \$250,000 Guarantee Issue*: 100% of employee's benefit up to \$25,000
Child (to age 26) <i>Employee must be enrolled</i>	Increments of \$1,000 to 100% of employee amount of insurance to \$10,000 Guarantee Issue*: \$10,000

Voluntary Life / AD&D Monthly Rate		
Employee Age	Employee	Spouse
	Monthly Rate per \$1,000 of benefit	
< 25	\$0.09	
25 - 29	\$0.09	
30 - 34	\$0.09	
35 - 39	\$0.11	
40 - 44	\$0.15	
45 - 49	\$0.22	
50 - 54	\$0.34	
55 - 59	\$0.50	
60 - 64	\$0.56	
65 - 69	\$1.58	
70 +	\$2.13	
Child(ren)	\$0.20	

Important Contract Provisions

Benefit Reduction: Benefit amounts reduce at age 70. Please refer to the benefit summary for details.
Accelerated Death Benefit: Your policy includes a benefit for diagnosis of a terminal illness. Please consult the benefit summary for details.

Supplemental Benefits



School District of Amery offers additional voluntary benefit plans through Mutual of Omaha. These plans are not medical insurance and do not replace your medical coverage, but rather pay cash directly to you in addition to any benefits you receive from your health plan. Insurance policies available for purchase (through after-tax payroll deductions) include Critical Illness, Accident and Hospital Indemnity. These benefits may help fill the gap until you meet your medical plan deductible. An important note - you can elect these additional voluntary benefit plans without providing medical information.

All Mutual of Omaha benefit plans are portable, which means you can take these benefits with you if you leave the company. Limitations may apply, please see plan documents.

Accident Insurance

Accident insurance pays a cash benefit when you or your covered family members suffer injuries sustained in an accident. Covered injuries include fractures, burns, concussions, tears, lacerations, broken teeth and eye injuries. Additional benefits may be paid, including ambulance, emergency care, testing and therapy.

Employee	Employee +Spouse	Employee +Child(ren)	Family
\$13.15	\$23.22	\$29.70	\$39.77

Hospital Indemnity Insurance

Hospital Indemnity insurance policy can help by paying lump-sum benefits to help you manage expenses that arise if you or an eligible family member ends up in the hospital. You can use the money however you'd like – from paying for medical copays and deductibles to everyday expenses such as the mortgage, transportation, groceries and utilities. There are no copays, deductibles, coinsurance or network requirements. These benefits aren't reduced because you receive a payment from any other coverage you have, such as Medical, Accident or Critical Illness Insurance.

Employee	Employee +Spouse	Employee +Child(ren)	Family
\$21.36	\$47.00	\$28.59	\$57.17

Critical Illness Insurance

This insurance pays a lump-sum cash benefit directly to the insured following the diagnosis of a covered critical illness or event, including (but not limited to) Alzheimer's disease, invasive cancer, heart attack, kidney failure, stroke, and major organ transplants.

Age Reduction: When you or your spouse (if applicable) turn 70, the original amount of insurance will reduce to 50%.

Age Band	Employee Monthly Rates per \$10,000
<30	\$4.34
30-39	\$7.38
40-49	\$14.90
50-59	\$28.34
60-69	\$56.16
70-79	\$104.10
80-89	\$147.90

Important Benefit! Wellness Benefit of \$50 on the Accident and Critical Illness plans: The plan also provides an annual cash benefit (per calendar year) for eligible health screenings and prevention measures. Since these screenings are often paid at 100% under the medical plan, you could walk away with cash in your pocket for practicing good preventive care. This could cover the cost of this insurance, essentially creating a no-cost coverage option for you!

Employee Assistance Program (EAP)

Employees have the opportunity to utilize two Employee Assistance Programs (EAP). Please see below for more details.



Phone: 866-451-5465

Online: www.niseap.com

Password: NISenhanced



Phone: 800-316-2796

Online: mutualofomaha.com/eap

Claimant Assist Services Are Available:
866.472.2734

We understand how challenging it can be to balance your work and personal life, and we are committed to helping you do just that.

Employee Assistance Programs can provide you and your family and household members with information and assistance on a wide range of topics and issues including work stress, debt problems, family issues, relationship worries, parenting challenges, anxiety, grief and much more.

To help get you started, the program includes up to three in-person counseling sessions for you and your household members. Behavioral counselors can help navigate any additional long-term counseling needs.

Under our EAP, you can receive no-cost, confidential help for a wide variety of needs and concerns:

- Alcohol or Drug Addictions
- Anxiety
- Childcare
- Depression
- Eating Disorders
- Eldercare
- Family Conflict
- Family Conflict
- Financial or Legal Concerns
- Marital Difficulties
- Parenting Concerns
- Problem Gambling
- Relationship Problems
- Stress Management



Where to Seek Care

Virtuwell, Doctor on Demand, or Teladoc

HealthPartners in-network clinics

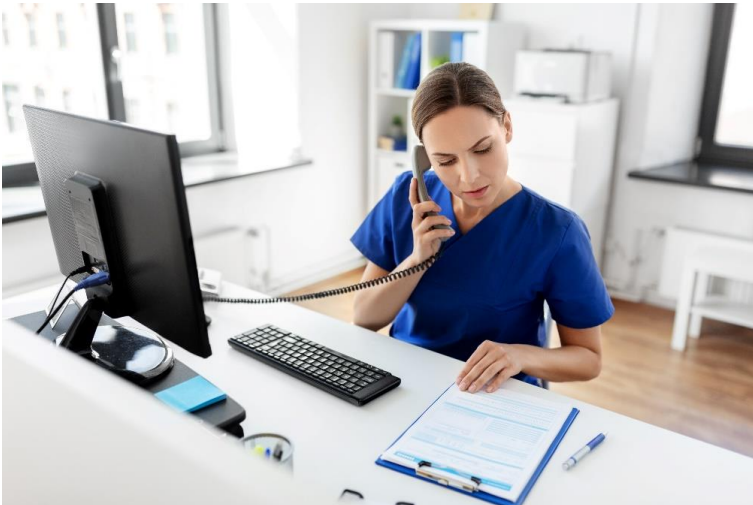
Urgent Care

Emergency Care

When you need help in a hurry, you have choices. Of course, when it's a **life-threatening problem, you should call 911 or go straight to the nearest hospital emergency room (ER).**

In the ER, true emergencies are treated first, so unless your life is in danger, you'll wait - sometimes for hours. The ER is also the most expensive option for care.

For non-life-threatening problems, utilize Virtuwell, Doctors on Demand, Teladoc, visit your Primary Care provider, or go to your nearest urgent care.



Use Virtuwell, Doctor on Demand, or Teladoc

- Moderate fever
- Colds, cough or flu
- Bruises and abrasions
- Eye, ear, or skin infections
- Skin irritations/rashes
- Urinary tract infections

OR

Call HealthPartners In-network clinics

- Primary Care
- Preventive Care
- Cancer screening
- Minor injuries & illnesses
- Chronic care management

OR

Go to Urgent Care

- Cuts and minor lacerations
- Minor burns and skin irritations
- Eye, ear, or skin infections
- Sprains or strains
- Possible fractures
- Respiratory infections

OR

Go to Emergency Room

- Heart attack or stroke
- Chest pain or intense pain
- Shortness of breath
- Severe abdominal pain
- Head injury or other major trauma
- Loss of consciousness
- Major burns or severe bleeding
- One-sided weakness or numbness
- Open fractures
- Poisoning or suspected overdose

Where to Seek Care



Fast, easy, affordable care

Skip a trip to the clinic. Save time and money by getting treated for common conditions from your smartphone, tablet or computer. Your plan covers telemedicine care.

Questions about benefits?

We can help. Call Member Services at **952-883-5000** or **800-883-2177**.

Virtuwell®

Your 24/7 online clinic

Get better faster. Start your visit any time with any device – no appointments, video or downloads needed. Answer a few questions online to get treatment for more than 60 common conditions. Nurse practitioners give you a diagnosis, treatment plan and prescription – all in about an hour. If for any reason you can't be treated, there's no charge. Plus follow-up care about your treatment are free.

Use your member ID to find your cost, view FAQs and get started at virtuwell.com/cost/healthpartners.

Doctor On Demand

Live video visits with a doctor include assessment, diagnosis and prescriptions, plus urgent care for cold and flu, skin conditions and allergies. When you create a free member account, your cost is always shown up front, without any surprise bills later. Register at doctorondemand.com.

Teladoc

Fill out a brief medical history to connect with medical experts by phone, video or mobile app. Whether it's a prescription sent to the pharmacy of your choice, guidance on next steps or a review of a preexisting condition, they're ready to help. Get started at teladoc.com.

Virtuwell - www.Virtuwell.com (online chat visit with nurse practitioners)

Available in 13 states, including Minnesota, Iowa, North and South Dakota and Wisconsin. Get a diagnosis, treatment plan, and prescription if needed from board-certified nurse practitioners. Virtuwell practitioners help with care for conditions such as allergies, rashes and flu, services for Women's Health, Chronic & Preventive care, and more.

Pricing: \$0 - No cost!

Doctor on Demand - www.doctorondemand.com (video visit with doctors)

24/7 access to online doctors, psychiatrists, psychologists, therapists, and other medical experts for members across the country. Doctor on Demand provides treatment for a variety of physical and mental health needs.

Pricing: Cost can vary (between \$59-\$279) depending on the type of visit, length of visit and the member's benefits. Visits with a psychiatrist range from \$129-\$229.

Teladoc - www.teladoc.com (video visit with doctors)

Available in all states, Teladoc offers general medical services 24/7 and therapy or psychiatry visits, for members aged 13+, 7 days a week. Members can also receive a custom treatment plan within 24 hours for dermatological conditions such as acne, eczema, psoriasis and more.

Pricing: \$65

How To Save \$\$\$!

When Using Your Medical and Prescription Plans:

Use In-Network Doctors

By using in-network doctors, clinics, hospitals and pharmacies, you pay the lowest cost for care. When you visit out-of-network doctors, our health plan covers less of the cost.

Choose the Right Type of Care

When you need care, know your options. Urgent care centers, online doctor visits or a call to the medical plan nurse line can help save time and money.

Use freestanding imaging centers for MRIs, CT scans and other imaging.

Use Your Preventive Care Benefits

Most preventive care services are covered at 100% when you use in-network providers. Getting regular exams, screenings and immunizations can save you a lot of money in the long run by catching problems early or preventing them altogether.

Use WellDyne

Rather than visiting a pharmacy month after month, save time by having the medication delivered to your home.

Through WellDyne, you can also save money by getting up to a 90-day supply for less than what you would pay through a retail pharmacy. Shipping is free and you'll also save on gas money!

Ask Your Doctor for Generic Drugs

The next time you need a prescription, ask your doctor if it is appropriate to use a generic drug rather than a brand name drug. Generic drugs contain the same active ingredients, are identical in dose, form and administrative method AND are less expensive than their brand name counterparts.

If you must take a brand name drug, ask your doctor for samples or coupons. Also check the drug manufacturer's website for available rebates and discounts.



Welcome to your Discount Marketplace provided at NO COST by School District of Amery!



A platform with exclusive discounts in **every category** you can think of!

- \$0 Cost to you
- Find exclusive discounts on all the brands you love
- Find big savings at any time, wherever you are
- Access thousands of discounts and Cash Back offers on travel, electronics, events, and more, whether you're at home or on the road



How to Access

- 1 Download the app through Google Play Store/Apple App Store by searching Benefit Hub or go to [Sdamery.benefithub.com](https://sdamery.benefithub.com).
- 2 Log in or complete the registration by entering your email address



Questions regarding your registration, please call **866.664.4621** or email customercare@benefithub.com

Benefit Counselors

JA Counter, Alera Group is pleased to offer an extra level of care and customer service as part of your benefits package! The Benefit Counselor team is your resource for assistance with benefit questions and more!

When do I call a Benefit Counselor?

- Support making benefit choices
- Understanding how your benefits work
- Locating in-network medical providers
- Understanding carrier Explanation of Benefit (EOB) statements
- Resolving insurance claims
- Assistance with connecting with your insurance carrier
- Assistance with qualifying life events



**Benefit Counselors are here
to support you.**

Call or email today!



833-488-1245

Hablamos Español

Contact the Benefit Counselor team:

Monday - Friday, 7:00 AM - 5:00 PM CST

Email: benefitcounselors@jacounter.com

Resources/Contact Information

Benefit	Provider	Phone	Website / Email
Medical	HealthPartners Network: Open Access	Member Service: 800-883-2177 Careline Nurse: 800-551-0859 Nurse Navigator: 800-883-2177 Behavioral Health: 888-638-8787	www.healthpartners.com
Prescription	HealthPartners	952-883-2177	www.healthpartnes.com
Health Savings Account (HSA)	WESTconsin Credit Union	800-924-0022	www.westconsincu.org
Dental	HealthPartners	952-883-2177	www.healthpartners.com
Vision	Mutual of Omaha	833-276-4358	www.mutualofomaha.com/vision
Flexible Spending Accounts (FSA)	MidAmerica	855-329-0095	www.mymidamerica.com healthaccountservices@myMidAmerica.com
Life	Mutual of Omaha	800-775-8805	www.mutualofomaha.com
Disability	National Insurance Services	800-627-2660 x1224	www.nisbenefits.com
Employee Assistance Program (EAP)	National Insurance Services	800-600-1600	www.niseap.com
Critical Illness, Accident and Hospital Indemnity	Mutual of Omaha	800-268-6443 800-775-8805	www.mutualofomaha.com
Human Resources	Twila Sikkink	715-268-9771 x278	sikkinkt@amerysd.k12.wi.us
Broker - JA Counter Benefit Counselor Team		833-488-1245	benefitcounselors@jacounter.com
Broker - JA Counter Transition Counts Team	Jessica Langeness	715-246-3811	jlangeness@jacounter.com

Benefit Definitions

What is a premium?

A premium (sometimes called a contribution) is the cost you pay for health insurance, whether you use medical services or not. Premiums are deducted directly from your paycheck.

What is a deductible?

A deductible is the amount you pay out of your pocket before your insurance pays.

The deductible runs from **July 1st to June 30th** each year. Once you have met that dollar amount, you have met the requirements for the plan year.

What does a copay pay for?

Copayments or copays, are pre-set dollar amount you are expected to pay for office visits, procedures or prescription drugs under your insurance plan.

Once the copay has been met, the insurance company pays all remaining costs.

What does coinsurance mean?

Coinsurance is a set percentage of service costs that you will be expected to pay once you have met your annual deductible.

When your annual deductible is met, your insurance provider pays for their portion of the full cost of the service and you pay the coinsurance, or remaining percentage.

What does embedded and non-embedded deductible mean?

Embedded deductible means there is an individual limit inside of the family limit. Each individual within the family unit must meet the individual deductible before insurance will contribute to your cost.

Non-embedded or aggregate deductible means there is not an individual limit inside of the family limit. The family limit must be met before insurance will contribute to your cost.

What counts towards my out-of-pocket maximum?

An out-of-pocket maximum is an annual cap on the dollar amount you are expected to pay out of your own pocket for services (including deductibles, copays, and coinsurance) throughout the plan year.

Once you meet the out-of-pocket amount, your insurance provider will cover 100% of remaining medical expenses for the year. There are different in and out-of-network maximums.

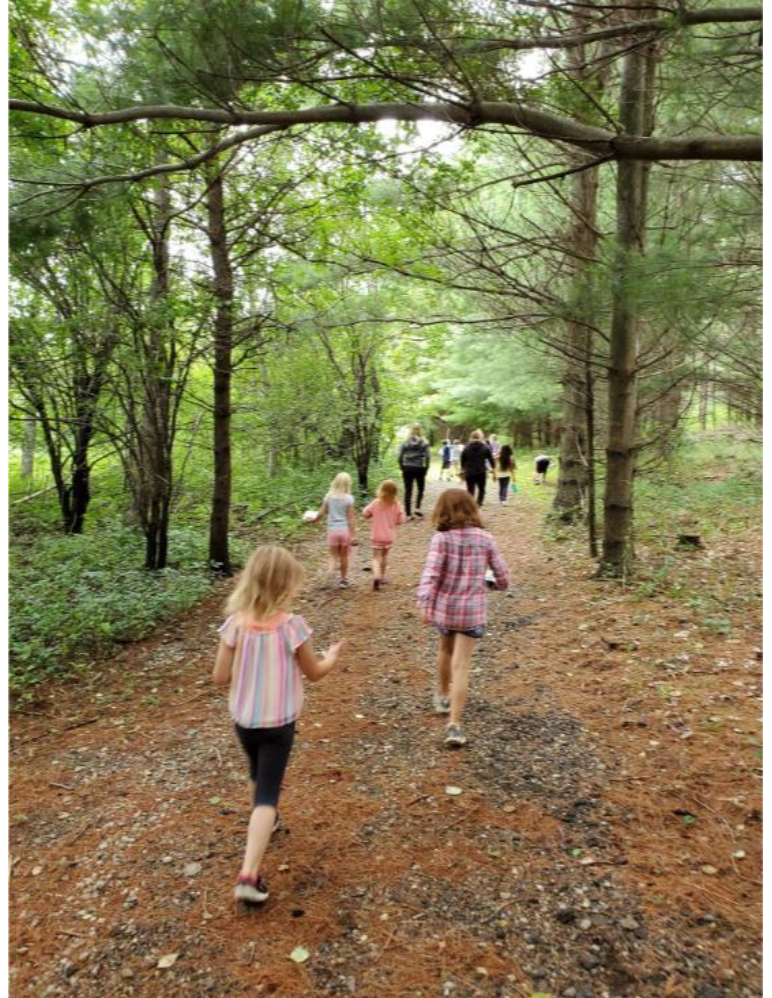


Required Notices

The U.S. government requires companies offering certain employee benefit plans to inform covered employees and their dependents about laws/provisions that affect the governance and/or coverage within those plans.

The Company has full details available for you concerning the following laws/provisions:

- Notice of HIPAA Special Enrollment Rights
- Wellness Program Disclosure Notice of Alternative Standard
- Medicare Part D Notice
- Children’s Health Insurance Program (CHIP) Notice
- Notice of Patient Protection Provisions
- COBRA Notice
- Medical Child Support Order Notice
- Women’s Health and Cancer Rights Act
- Summary of Benefits and Coverage
- Mental Health Parity and Addiction Equity Act (MHPAEA) Notice



(*) **DISCLAIMER:** This document has been prepared by Alera Group, Inc. (collectively with its parent, subsidiaries and affiliates, "Alera Group") to provide an overview of your employer’s benefits program. Alera Group, its directors, officers, managers, employees, representatives and affiliates, make no representation or warranty, express or implied, as to the accuracy or completeness of the information contained herein regarding those lines of coverage for which Alera Group is not the exclusive broker of record. This document is not a contract and confers no contractual rights between you and Alera Group. The terms of your benefits are governed by the legal plan documents and insurance contracts ("Plan Documents") between your employer and one or more insurance carriers. This document is not a certificate of coverage, and the benefit descriptions in this document are not a guarantee of current or future claim coverage, nor does it replace or amend the underlying Plan Documents. If there is any difference between the benefit descriptions in this document and the Plan Documents, the terms of the Plan Documents will control. Your employer reserves the right to change, discontinue or terminate the benefit plans at any time.